S H U L L Physical Therapy Center

4646 Corona Drive • Suite 130 Corpus Christi, Texas 78411 (361) 225-2539 Fax (361) 225-0851

| Name | Date |
|---|---|
| Diagnosis | |
| Frequency / Duration | |
| Next Dr.'s Appt | Time |
| THERAPY S | SERVICES |
| ☐ Physical | l Therapy |
| ☐ EVALUATION AND TREATMENT | ☐ Functional Capacity Evaluation |
| ☐ Hot / Cold Packs | Work Conditioning Program |
| ☐ ADL Training | ☐ Vestibular Rehab |
| ☐ Electrical Stimulation | Compression Garments |
| □ Massage | |
| Therapeutic Exercises | Other |
| ☐ Home Exercise Program | |
| 🗖 Lymphedema Program | |
| Precautions | |
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| Pray for our Troops | |
| I certify that the above treatment is medi patient's rehabilitative program. | cally necessary and is approved for the |
| Physician's Signature | |